

## REQUEST FOR ARMY/AMERICAN COUNCIL ON EDUCATION REGISTRY TRANSCRIPT

For use of this form, see AR 621-5, the proponent agency is DCS, G-1.

**MAIL TO:** Manager, AARTS, Operations Center, 415 McPherson Avenue, Fort Leavenworth, KS 66027-1373

**FAX TO:** Commercial (913) 684-2011; DSN 552-2011

**E-MAIL ADDRESS:** [aarts@leavenworth.army.mil](mailto:aarts@leavenworth.army.mil)

**QUESTIONS:** Commercial (913) 684-3269; DSN 552-3269

**WEBSITE:** <http://aarts.army.mil>

Toll Free 1-866-297-4427

**1. NAME** (*Last, First, Middle Initial, Other names used*)

**2. RANK**

**3. DATE OF BIRTH**

**4. SIGNATURE**

**5. STATUS** (*Check all that apply*)

☐ REGULAR ARMY

☐ USAR

☐ ARNG/ARNGUS

☐ VETERAN

**6. DATE ENTERED SERVICE**

**7. HOW DO WE CONTACT YOU?**

DAYTIME PHONE:

ALT PHONE:

EMAIL:

**8. FOR COLLEGE OR EMPLOYER RECORD SEND TRANSCRIPT TO:**

(MUST include complete institution name and address)

### SPECIAL HANDLING INSTRUCTIONS

(Please List any comments/instructions you may have. We regret that we cannot fax transcripts to you or your institution.)